



## LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

DEAN C. LOGAN

Registrar-Recorder/County Clerk

### Request Cancellation of a Deceased Voter

To request the cancellation of a deceased voter, complete the following form:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Voter: \_\_\_\_\_

Spouse, child, parent, brother, sister, etc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Print and send to our office at the following address:**

REGISTRAR-RECORDER/COUNTY CLERK  
P.O. BOX 30450  
LOS ANGELES, CA 90030-0450

**Via Fax: (562) 864-6786**

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Office Use: VID: \_\_\_\_\_ Date: \_\_\_\_\_ Intl: \_\_\_\_\_